

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF PIMA**

IN RE THE MATTER OF:

CASE NO: MH _____

DATE: _____

DOB: _____

**Re: Court Ordered Treatment
Status Report to the Court**

Mandatory Completion: 45 Days 90 Days Other

SSN# _____

Check one: ___ Seriously Mentally Ill ___ General Mental Health

Current Address: _____

Legal Guardian: _____

Network Address: _____

Network phone: _____ Fax: _____

Assigned case manager: _____

Supervisor: _____

Attending Psychiatrist: _____

Initial date of COT: _____ Expiration of COT: _____

1. Has there been any non-compliance with prescribed medications? If yes, provide specific information:

Agency response:

2. Has there been non compliance in keeping scheduled appointments with the case manager and psychiatrist? If yes provide dates/times:

Agency response:

3. Have there been any problems with residential placement? (I.e. funding source, waiting list, etc) If yes, provide dates/placements:

Agency response:

4. Has there been any hospitalizations, or crisis interventions, that have occurred since court order? If yes, list dates and reasons.

5. Has there been any involvement with the Criminal Justice system since the Court Order for Treatment has been in effect? If yes, provide dates, court division, outcome (i.e. probation, name of officer, etc):

6. Has there been any non compliance with any other aspect of the court order outpatient treatment plan (i.e. groups, therapy, substance abuse, etc)? If yes, provide specific information:

7. Have there been any changes in case management assignment or Network enrollment? If yes, list all changes that have occurred:

For 90 day status reports:

8. Should an application for involuntary evaluation be filed? If GD; should rollover paperwork be filed?

Case manager

Date

Supervisor

Date

Psychiatrist

Date

Once completed, form must be faxed to: CPSA T-36

Liaison for review: Attn: Patty Soto Fax number: 784-5322

Request Clinical Case Review

Original: Must be filed at Juvenile Court

Attn Mental Health Clerk

Copy: Mailed directly to assigned Commissioner: Name of Commissioner

Division #

110 W. Congress

Tucson, AZ 85701

Copy: Outpatient Chart